

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-001219

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

2397

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 202

FILED FEB 1 1963

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Springfield</u>		c. CITY OR TOWN <u>Walnut Grove</u>	
Length of stay in 1b <u>4 days</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>NE of Walnut Grove</u>	
3. NAME OF DECEASED (Type or print) First <u>Elijah</u> Middle <u>Floyd</u> Last <u>Summers</u>		4. DATE OF DEATH Month <u>Feb.</u> Day <u>4</u> Year <u>1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/27/1886</u>
9. AGE (last birthday) <u>76</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer - Retired</u>		11. BIRTHPLACE (City and state or country) <u>Polk Co., Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>James Alec Summers</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Wetzel</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Cora Summers</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>[REDACTED]</u>	
17. INFORMANT <u>Carl Summers - Springfield, Mo.</u>		18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Ventricular flutter & tachycardia</u> DUE TO (b) <u>arterio-sclerotic heart disease</u> DUE TO (c) <u>patient had gastric enterostomy for complete pyloric obstruction 2/1/63</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>1-2 days</u>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>2:30</u> a.m. <u>p.m.</u> Month <u>2</u> Day <u>4</u> Year <u>1963</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Springfield</u>	
20g. COUNTY <u>Polk</u>		20h. STATE <u>Mo.</u>	
21. I attended the deceased from <u>1/31/63</u> to <u>2/4/63</u> and last saw him alive on <u>2/4/63</u> Death occurred at <u>2:30 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>W. Roland Langston M.D.</u>		22b. ADDRESS <u>Springfield</u>	
22c. DATE SIGNED <u>2/6/63</u>		22d. LOCATION (City, town, or county) <u>Dunnegan, Mo.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>2/6/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Plum Grove Cemetery</u>	
24. FUNERAL DIRECTOR <u>Paul D. Butler - Bolivar, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-8-63</u>	
26. REGISTRAR'S SIGNATURE <u>Effie S. Melton</u>		27. ADDRESS <u>[REDACTED]</u>	

FEB 14 1963

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Permit 2-4-63

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Paul D Butler

Licensed Embalmer No. 4471

P.O. Address Bolivar, MO

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.